

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BELL TOWER RESIDENCE (610143)

Address: 1500 O'DAY STREET, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 01/31/1991

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095164 **End Date:** 06/20/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009431 Served 07/13/2005

Deficiencies Cited

Subject Area

Compliance
Verified

Corrected

Survey ID: 0095061 **End Date:** 05/25/2005 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009421 Served 06/23/2005

Deficiencies Cited

Subject Area

Compliance
Verified

Corrected

83.32(2)(a)5

HARMFUL BEHAVIOR PATTERNS

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Survey ID: 0091290 **End Date:** 08/20/2003 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005246 Served 10/20/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/24/2004	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	02/24/2004	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 07/11/2005 SOD #10009431 Appealed: Yes Decision: WITHDRAWNDO NOT USE**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.33(3)(a)1

Date: 06/21/2005 SOD #10009421 Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(2)(a)5
FORFEITURE---83.33(2)(a)

Date: 10/16/2003 SOD #10005246 Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
OTHER SANCTION

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